



**Saskatchewan
Health**

Continuing Care

A Report of the Continuing Care Think Tank

**November 2 & 3, 1983
Echo Valley Centre
Fort San, Saskatchewan**



Executive Summary

A Continuing Care Think Tank was held November 2 & 3, 1983 at Fort San. The Minister of Health, the Honourable Graham Taylor, invited approximately 60 people from various health care organizations and groups, government and selected individuals.

The purpose of the Think Tank was to provide a forum to discuss issues and problems in the continuing care field and possible solutions to those problems. Through small and large group discussions, a number of issues were identified. The eight most common issues were then compiled: attitudes and education; assessment, placement and classification; co-ordination of services and effective use of existing resources; community support services; range of housing options; special needs; and lack of resources. Participants then suggested a number of possible solutions to these issues or problems.

Following the Think Tank, a report of the group discussions was prepared and distributed to all those invited. Comments on the issues, their priority and the solutions identified were solicited.

Based on the discussions at the Think Tank and the additional comments received on the first report, the following issues appear to be of greatest priority in the continuing care field.

1. expansion of the present home care program;
2. programs and services for people with behaviour problems and for their care providers;
3. education programs to develop a more positive attitude on aging;
4. education programs in gerontology for health care professionals and non-professionals;
5. a coordinated, provincial assessment and placement system;
6. the establishment of a geriatric assessment unit in Regina;
7. the designation of beds in small, rural hospitals as level 3 & 4 beds with appropriate programming;
8. more respite care programs;

9. more day care centres;
10. the establishment of standards for private care homes;
11. therapy services in all areas of the province;
12. the planning and building of accessible public buildings;
13. promotion of the enriched housing program;
14. programs for the well elderly;
15. continuation of the think tank process.

A Continuing Care Think Tank was held November 2 & 3, 1983, at the Echo Valley Centre, Fort San. The Minister of Health, the Honourable Graham Taylor, invited approximately 60 people from various health care organizations and groups, government and selected individuals (See Appendix A).

The purpose of the Think Tank was to provide a forum to discuss issues and problems in the continuing care field and possible solutions to those problems.

The Think Tank began at noon on November 2nd and concluded at noon on November 3rd. The Minister began the sessions with an address, defining the continuing care field, and inviting the group to prioritize issues and problems and to develop some creative and concrete solutions to those problems.

Think Tank participants were divided into small groups. During the afternoon, each group discussed and prioritized problems and issues in the continuing care field. In a general session, each group reported on the items they felt had the highest priority.

The eight most common problems were then compiled, based on the group reports. The problems or issues with the greatest priority in the continuing care field were identified as:

1. Attitudes:

- consumers
- public
- staff
- care providers

2. Need for Co-ordinated Assessment, Placement and Classification:

- standard assessments
- appropriate placements
- training for assessors

3. Need for Education and Research

4. Insufficient Co-ordination of Services and Effective Use of Existing Resources:

- accessibility

5. Lack of Community Support Services:

- respite
- therapy
- home care
- day care
- volunteers
- transportation
- private care standards

6. Need for Range of Housing Options

7. Special Needs:

- young disabled
- hospice/palliative
- behaviour problems
- rehabilitation

8. Lack of Resources:

- inconsistent or inappropriate funding
- physical
- human

The following morning each small group discussed possible solutions to the problems previously listed. Once again, group reports were presented in a general session.

Solutions or responses from all the groups are listed in reference to the problem.

1. Attitudes and Education:

We have combined the responses or solutions for the issues of education and attitudes because of the overlap between the two areas.

- (1) integrate disabled children into the regular school system with adequate resources;
- (2) teach family life education in all schools;

- (3) promote "Adopt a Grandparent" program;
- (4) appoint a resident to the board of directors in all special-care homes;
- (5) expand the role of the public health nurse;
- (6) normalize life in special-care homes, eg. residents are not patients, promote resident councils;
- (7) establish norms that relate to all society, not just the youth;
- (8) have children take an active part in special-care homes;
- (9) educate and orient boards of directors so they understand their role and the role of their agency;
- (10) emphasize the education of care givers, which will filter through to the consumers of care;
- (11) educate administrators;
- (12) assess education needs of boards and administrative personnel and then develop programs to meet those needs;
- (13) promote volunteerism in the school system;
- (14) incorporate disabled speakers into school programs;
- (15) conduct education programs aimed at professional and non-professional staff;
- (16) conduct an educational media campaign to portray family life in general and what elderly people are doing;
- (17) enlarge the role of elderly and disabled people in schools - educators, aides, participants;
- (18) train specialists in the aging process - experiential and academic;
- (19) preventive education is important - also need organizational development;
- (20) educate care givers with programs which contain components geared toward elderly people, handicapped people and other special need groups according to present and projected needs in the province;

- (21) change the attitude of seniors and disabled towards themselves by education program, eg. AWARE, done by seniors and facilitated by government;
- (22) educate seniors about resources available, their present and potential role and readiness to be involved;
- (23) educate nurses, physicians and other health care staff about long-term care and gerontology;
- (24) improve the image of care givers in chronic/long-term care, need a reward system -Canadian Council on Hospital Accreditation standards;
- (25) fund practical research, eg. dementia.
- (26) remove age barriers for hospital visitors;

2. Assessment, Placement and Classification:

- (1) need one point entry system;
- (2) involve recipients in decision making, individual has the right to accept or reject services;
- (3) needs should be stressed, rather than slotting into pigeon holes;
- (4) conduct competent assessment and reassessment of needs (no consensus re: done by professionals or non-professionals);
- (5) need standard assessment - multiple entry;
- (6) strong need for guardianship act;
- (7) undertake a full-scale assessment program to include level 2, 3, 4, 4(a) residents and all applicants - consider placement location;

Resulting in:

- a) relocating a number of residents to other accommodation
- b) redirecting applicants
- c) overcoming space shortage - by considering upgrading and using space in vacant, existing provincial buildings - by considering new space
- d) seeking other options, eg. home care

- (8) need standard assessment forms, criteria and procedures;
- (9) patients should have a choice in placement;
- (10) key to co-ordination lies in complete and appropriate standardized assessments and identification of specific patient needs;
- (11) emphasis on the role of the physician and the importance of appropriate medical intervention;
- (12) team concept stressed, need to pool available expertise and strengthen skills by ongoing educational opportunities;
- (13) need multi-tier assessment system based on client needs;
- (14) broaden concept of geriatric assessment unit to local or regional level - capitalize on the expertise out there - place particular emphasis on severe behavioural disorders - provide short term admissions for assessment, stabilization, program planning, family counselling, follow-up services.

3. Co-ordination of Services & Effective Use of Existing Resources:

- (1) can co-ordination be successful without being mandatory?
- (2) money could be the leverage;
- (3) co-ordination should not stifle new programs;
- (4) co-ordination does not necessarily mean consensus - co-ordination process involves identifying needs, discussing problems and setting priorities;
- (5) without co-ordination we miss the people who fall through the cracks;
- (6) need co-ordination at all levels - local, district, regional and provincial;
- (7) expand the role of the geriatric assessment unit in Saskatoon and set up a similar unit in Regina;
- (8) need third-party resource centres in all communities - as an ombudsman/resource for clients;

- (9) divide the province into regions - (all services to have coterminous boundaries)

In each region:

- a) identify needs, special group needs
 - b) identify service agencies - the objectives and mandate of each
 - c) identify professional personnel and their services
 - d) identify non-professional personnel and their services
 - e) co-ordinate personnel with service agencies
 - f) provide administrative support group
- (10) establish auxiliary hospitals for level 4;
- (11) convert small hospitals to level 3 and 4 to relieve congestion;
- (12) convert existing facilities (eg. vacant schools) to day care facilities;
- (13) expand the private sector;
- (14) change financial funding formula to develop new types of services, facilities and programs rather than hospital beds;
- (15) find alternatives to drug therapy and co-ordination of drug services, especially to the elderly but not exclusively to them.

4. Community Support Services

- (1) establish respite beds in small rural hospitals (with proper program)
- (2) introduce more day care programs for senior and disabled people;
- (3) set standards and allocate funding for private care homes;
- (4) private care homes as satellites of special-care homes;
- (5) start-up funds for volunteer taxi service in rural areas;
- (6) develop a co-ordinated community therapy service;

- (7) more day programs to emphasize community maintenance but also to reduce trauma when people actually do have to enter a facility;
- (8) need network of nursing services to facilities such as highrises;
- (9) develop palliative care programs;
- (10) expand present home care program;
- (11) community therapists could be assisted by specially trained aides;
- (12) need respite, volunteer, transportation and day care programs;
- (13) need consumer advocacy for concerns re: physician care, special-care homes, other community resources.

5. Range of Housing Options:

- (1) design housing to meet the needs of senior and disabled people;
- (2) need for a long view;
- (3) design adaptable, multi-functional housing;
- (4) need community support system to meet the needs of individuals - provided only on request;
- (5) Canada Mortgage and Housing Corporation need to loosen their policies;
- (6) design and build public funded housing to be accessible for disabled people;
- (7) enact building code that requires all buildings to be accessible.

6. Special Needs:

- (1) people with behavioural problems
 - a) aim at local care but care givers need practical help

- b) need closer consultation between Psychiatric Services and care givers
 - c) need flexible system - short and long-term care
 - d) fund respite care beds
 - e) fund attendant care at home
- (2) support self-help groups - seed money, moral support, facilitation support, legitimization.

8. Lack of Resources:

- (1) inconsistent funding - hospital care is free, care at home is not;
- (2) fund demonstration/pilot projects.

Other

- (1) Meet again in a year to review what has happened and to explore other possibilities.

The Minister closed the Think Tank by responding to some of the issues that were raised and by thanking the participants for their interest, their ideas and their concern for the continuing care field.

Following the Think Tank, a report of the group discussion at the Think Tank was prepared and distributed to all those invited. They were asked to review the report themselves and with their organization and to comment on the issues, their priority and the solutions identified. Additional solutions were also welcomed.

Twenty-four individuals or organizations responded to the report (See Appendix B).

Based upon the discussion at the Think Tank and the additional comments received, the following issues or suggested solutions appear to be of greatest concern to those involved in the continuing care field. It should be noted that every comment made is not included, but that comments have been grouped in similar responses.

1. Attitude and Education

The need for a more positive attitude by the general public, children, health-care professionals and non-professionals towards aging and disabled people was a common issue.

Education was seen as the best method to change attitudes. Several types of educational programs were suggested: family

life education in schools, inservice programs in gerontology and long-term care, a university certificate program in gerontology, opportunities for graduate study in gerontology, a media campaign, and programs to integrate school children with disabled people and with special-care home residents.

Research in gerontology and the long-term care field was another common need. Suggestions were made that the government fund such practical research projects.

2. Assessment and Placement

The need for a co-ordinated, provincial assessment and placement system was a very common concern. It was felt a one-point entry system with a standardized assessment would help to solve many of the other problems cited in the continuing care field, for example, people "falling through gaps" in the system.

There was no agreement as to whether the assessments should be conducted by professionals or non-professionals.

Most felt that clients should be involved in their placement decision.

The establishment of a Geriatric Assessment Unit in Regina was a high priority with many. Others suggested regional units or mobile assessment teams.

3. Co-ordination of Services and Effective Use of Existing Resources

The designation of some beds in small rural hospitals as level 3 or 4 was a solution many listed to ease the need for special-care home beds. Appropriate education programs and staff would also be needed.

4. Community Support Services

The solution of providing a number of respite beds in small rural hospitals and special-care homes was stated many times to give support to family care providers in emergency or planned situations.

Day care centres, particularly for people with dementia, were another community support service seen as a great need. Some suggested converting existing facilities, for example schools, to day care facilities.

The whole area of private care homes was a concern to a number of people. Many commented on the need to establish standards for private care homes. Others suggested that private care homes could be satellites of special-care homes.

There is a need for therapy services in all areas of the province. Some suggested expanding and co-ordinating the present community therapy program. Others suggested that therapy services should be available to people in their own homes and in special-care homes.

The availability of educational programs for therapists in this province was raised. As well, some think that therapists could be assisted by specially trained aides.

Many expressed a need for the present home care program to be expanded, particularly to include 24 hour, 7 day a week service and to provide therapy services. Medical social workers were also suggested. The extension of the program would allow people to remain in their homes and provide support to the care provider.

5. Range of Housing Options

The need to have all public buildings accessible was stated by most participants. Others asked that public housing be designed and built to meet the needs of seniors and disabled children and adults.

The concept of enriched or sheltered housing was often listed as one housing option. Enriched housing would provide self-contained accommodation and some services.

6. Special Needs

In the area of special needs, the care of people with behaviour problems was seen as a priority. Some suggestions to meet this need were: more day care programs, respite care, support for self-help groups, and educational programs for health care staff and the general public.

7. Lack of Resources

Some people supported the idea of pilot projects and others expressed the need for expansion of capital and operating funds for long-term care facilities. The area of tax breaks or payments for people providing care in their home should be examined.

8. Other

The needs of the well elderly was an area raised at the Think Tank and in comments to the report. Preventive education programs and services were suggested, such as, fitness/recreation programs, mutual support programs, nutrition education, drug abuse, awareness of elder abuse, and the expansion of public health nursing services.

The discussion at the Think Tank reflected the views of the southern half of the province. It was noted that little attention was paid to the north or to the native population.

Almost all participants felt the Think Tank was a worthwhile experience. The process provided an excellent opportunity to discuss issues and possible solutions. Several recommended that another Think Tank be held, possibly in a year's time.

Based on the discussions at the Think Tank and the comments received on the first report, the following issues appear to be of greatest priority in the continuing care field:

1. education programs to develop a more positive attitude on aging;
2. education programs in gerontology for health care professionals and non-professionals;
3. a co-ordinated provincial assessment and placement system;
4. the establishment of a geriatric assessment unit in Regina;
5. the designation of beds in small, rural hospitals as level 3 and 4 beds with appropriate programming;
6. more respite care programs
7. more day care centres;
8. the establishment of standards for private care homes;
9. therapy services in all areas of the province;
10. expansion of the present home care program;
11. planning and building accessible public buildings;
12. promotion of the enriched housing program;

13. programs and services for people with behavioural problems and for their care providers;
14. programs for the well elderly;
15. plan to hold another Think Tank or similar session.

APPENDIX A



THINK TANK

PARTICIPANTS

1. Organizations:

Alzheimers & Related Diseases Association

Jean deGraaf
North Battleford

College of Nursing
University of Saskatchewan

Una Ridley
Saskatoon

Comprehensive Handicapped Services Inc.
(Huston Heights)

Annabelle Kuakinen
Regina

Ann Sudom
Regina

Multiple Sclerosis Society

Daniel Brian
Regina

New Horizons

Al Taylor
Regina

Regina Council on Aging

Shirley Creelman
Regina

Agnes Davidson
Regina

Saskatchewan Association of Social Workers

Shan Landry
Saskatoon

Saskatchewan Association of Special Care Homes

Erwin Strass
Regina

Ed Marleau
Saskatoon

Saskatchewan Co-ordinating Council
on Social Planning

Leonore Saunders
Yorkton

1. Organizations: (cont'd)

Saskatchewan Council for Crippled Children and Adults	Jim Dean Regina
Saskatchewan Gerontology Association	Dr. Colin Smith Regina
Saskatchewan Health-care Association	John Marjerison Plato
	Hewitt Helmsing Regina
Saskatchewan Home Care Association	Clayton Marshall Somme
	Otto Weiss Gerald
Saskatchewan Medical Association	Dr. O.S. Rasmussen Regina
Saskatchewan Mental Health Association	Bruce McKee Regina
Saskatchewan Nursing Assistants' Association	Jean Jack Saskatoon
Saskatchewan Society of Occupational Therapists	Marie Morrow Prince Albert
Saskatchewan Paraplegic Association	Stephen Little Saskatoon
Saskatchewan Physical Therapy Association and Canadian Physiotherapy Association, Sask. Branch	Lynn Kuffner Saskatoon
Saskatchewan Psychiatric Nurses Association	Karen Kenny North Battleford

1. Organizations: (cont'd)

Saskatchewan Registered Nurses Association	Eileen Bayda Saskatoon
Saskatchewan Seniors Association Inc.	Ted Azevedo Nipawin
Victorian Order of Nurses	Shirley Brownlee Regina
Voice of the Handicapped	Pat Danforth Regina

2. Individuals:

Pat Boyer, Melfort
Linda Collins, Swift Current
Moirra Gautron, North Battleford
Elana Kannigan, Saskatoon
Dr. Wm. Klassen, Regina
Marlene Kucey, Saskatoon
Gerry Mang, Melville
Thelma Wallace, Regina

3. Members of the Legislative Assembly:

Honourable Graham Taylor	Minister of Health
Cal Glauser	Saskatoon Mayfair Constituency
Gay Caswell	Saskatoon Westmount Constituency

4. Government:

Department of Health

Ken Fyke	Deputy Minister
Peter Glynn	Associate Deputy Minister
Rita Flaman	Assistant to the Minister of Health
Garry Curtis	Senior Policy Analyst Policy Research & Management Services Branch
Diane Koepke	Administrative Co-ordinator Deputy Minister
Mike Littlewood	Administrative Co-ordinator Associate Deputy Minister
Stan Malach	Executive Director Community Health Services Branch
Don Philippon	Director Policy Research & Management Services Branch
Rick Roger	Executive Director Saskatchewan Hospital Services Plan
Ken Smallwood	Executive Director Northern Health Services Branch
John Yarske	Executive Director Psychiatric Services Branch
Dr. Colin Smith	Director of Services to the Elderly Psychiatric Services Branch

Neil Gardner	Senior Analyst, Treasury Board Division Department of Finance
Denis Loeppky	Saskatchewan Housing Corporation
Dr. L. Skoll	Provincial Gerontologist Department of Social Services

Continuing Care Branch, Saskatchewan Health

Steve Petz	Executive Director, Continuing Care
Lois Borden	Director, Home Care Division
Lorraine Hill	Director, Development Division
Wayne McKendrick	Director, Special-care Homes Division
Evelyn Swanson	Manager, Policy & Evaluation Unit
Maureen Yeske	Manager, Education Unit

5. Regrets:

Honourable Gordon Dirks, Minister of Social Services

Honourable Sid Dutchak, Minister responsible for Saskatchewan
Housing Corporation

Mr. Larry Birkbeck, MLA, Moosomin Constituency

College of Physicians & Surgeons

Regina Osteoporosis Self-Help Group

Senior Citizens Provincial Council

Dr. Duncan Robertson, Geriatric Assessment Unit
University Hospital
Saskatoon

Jean Acton, Regina

George Loewen, Associate Deputy Minister, Saskatchewan Health



APPENDIX B



List of individuals & organizations who commented on the report:

Eileen Bayda, S.R.N.A.	Saskatchewan Registered Nurses Association
Pat Boyer	Melfort
Pat Danforth	Provincial Coordinator Voice of the Handicapped (reviewed at provincial council meeting)
Jean deGraaf	Alzheimers & Related Diseases Association
Elana Kanigan	Saskatoon
Annabelle Kaukinen	Comprehensive Handicapped Services Inc.
Ernest D. Kitzul	District Manager Qu'Appelle Valley Home Care
Gerry Mang	Melville
Harry J. Mullens	Executive Director Senior Citizens' Provincial Council
Una Ridley	Dean, College of Nursing (comments from faculty members)
Leonore Saunders	Saskatchewan Co-ordinating Council on Social Planning
Dr. Rasmussen	Saskatchewan Medical Association
Ann Sudom	Comprehensive Handicapped Services Inc.
Allan S. Taylor	New Horizons
Thelma Wallace	Regina - Senior Citizens Service

Government of Saskatchewan

Honourable Gordon Dirks	Minister, Saskatchewan Social Services
Neil Gardner	Department of Finance
Dr. S. L. Skoll	Department of Social Services

(Department of Health)

Garry W. Curtis

Policy Research & Management Services

S.J. Malach

Community Health Services Branch

Rick Roger

Saskatchewan Hospital Services Plan

Ken Smallwood

Northern Health Services Branch

Dr. Colin Smith

Director of Services to the Elderly
Psychiatric Services Branch

John Yarske

Executive Director
Psychiatric Services Branch

POOR

QUALITY

ORIGINAL